

PRINT NAME

GEORGIA DEPARTMENT OF LAW, CONSUMER PROTECTION DIVISION

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PHONE: 404-651-8600 (ATLANTA)

DATE

TOLL-FREE IN GA OUTSIDE METRO ATLANTA: 800-869-1123

FAX: 404-651-9018

CONSUMER COMPLAINT FORM

The Consumer Protection Division of the Georgia Department of Law has the authority to investigate business or trade practices and take legal action **on behalf of the State of Georgia** to stop false, misleading, deceptive or unfair business acts and practices that occur in consumer transactions.

We request that you first work with the company or individual you are reporting in an effort to resolve your dispute before filing a complaint. If this proves unsuccessful, we invite you to submit this form to the address above. Please be sure to enclose legible copies of important papers concerning the matter, such as contracts, invoices, proof of payment, and correspondence to and from the business. **Do not send original documents**. Do **not** include your DOB, social security number of any other personal identifying or financial information.

Ву	submitting this form, you are acknowledging that you understand that:	
•	The Department of Law does NOT represent individual citizens in any capacity. We cannot act as your private attorney and we are prohibited by law from providing legal advice.	
•	In our discretion, this form, its attachments and all related correspondence may be provided to another agency/entity for review or resolution, or sent to the business or person identified in the complaint in an effort to facilitate a resolution for the dispute.	
	Unless you check this box, you are agreeing that you wish your complaint to be submitted to the business or person the complaint is against and releasing us to do so. <i>No action will be taken by this office if you check the box.</i>	
•	If the business does not respond or you are dissatisfied with the response, and you want to pursue the matter further, we will most likely suggest you contact an attorney of your choice for any subsequent action.	
•	This form and all items/documents/communications you send us are public records and subject to Georgia's Open Records Act. This law requires most public records (with the exception of your personal identifying information) to be available for inspection to anyone upon request after the closure of your complaint.	
	If you do not want your identity shared with <i>any</i> entity, submit your complaint to this office anonymously and do not provide any identifying information such as your name, address or telephone number.	
•	Georgia law provides that companies engaging in unfair and deceptive activities against people 60 or older can be assessed additional penalties. Please check this box if you were 60 or older when the dispute occurred.	
•	Your complaint notifies this office of activities of a company or individual and this information may be used to establish violations of Georgia law.	
Th	e information provided is true and correct to the best of your knowledge.	

SIGNATURE

PLEASE TYPE OR PRINT LEGIBLY

CONSUMER'S CONTACT INFORMATION:									
	First Name:			Middle Name:			Last Name:	:	
Mailing Address:									
City:					State:			9-Digit Zip Code:	
Home Phone:		_	_		Email:				
Business Phone:		_	_		Fax:	_		-	
We can acce behalf of ano	pt compl ther pers	aints from on, pleas	third parties e give your co	on behal ontact inf	If of con ormatio	sumers only n.	in limite	ed circumstances. If you are filing on	
	First Name:			Middle Name:			Last Name:	:	
Mailing Address:									
City:					State:			9-Digit Zip Code:	
Phone:		_	_		Email:				
Relationship to Consumer:									
INFORMATIO	ON ABO	UT THE E	BUSINESS:						
Name:									
Address:									
City:					State:			9-Digit Zip Code:	
Phone:		_	-		Web Addres	s:			
Dates you com to the business	nplained s:								
Name(s) and ti	itle(s) of i	ndividuals a	at business with	n whom y	ou dealt:				

SPECIFICS OF YOUR DISPUTE OR COMPLAINT:
Product/ Service:
Date of Occurrence: Total Cost: Amount Paid to Date:
Did you sign a contract? O Yes O No Are you still making payments? O Yes O No
Payment Method: O Cash O Check O Credit Card O Debit Card O Other
For credit card transactions, have you contacted your credit card company about the dispute? O Yes O No
Did you contact the company as the result of an advertisement? O Yes O No
What type of ad? O TV O Radio O Newspaper/Magazine O Mail O Internet O Other
Please describe your complaint briefly but with enough details to make the situation clear. Describe any claims you feel are deceptive, misleading or false. If needed, attach additional pages.
What form of relief have you requested, or what would you consider a satisfactory solution to the situation? (Refund, exchange, repair, etc.)
Have you contested another government agency? O'Vee O'Ne If you which agency and what was the results
Have you contacted another government agency? O Yes O No If yes, which agency and what was the result:

Have you hired a private attorney? O Yes O No
Attorney's name/phone number:

Thank you for providing this information to the Consumer Protection Division of the Georgia Department of Law. You will hear from us after our review of the matter; this may be several weeks. We appreciate your patience since we handle matters in the order received.